## Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

	(Note: II			regible. It shot		The second secon	Personal Lawrence	**************************************
Filer Identification Number		Report Filed B ( Mark X)	By Candida	te	Committee		Lobbyi	St.
Name of Filing Committee, Lobbyist	Candidate or	TACOR	2 NIKEN	Committe	E		5 80 H	1.
Street Address		1	P.O. BUX 4	438				
City	PITTSQUAM		State	PA	Zip Code	15203		
Type of Report (Place x unde								(,§X. ≥ 1s.,
1- 6th Tuesday 2- 2nd Frid		4- 6 <sup>th</sup> Tuesday	5- 2 <sup>nd</sup> Friday	6-30 Day Post	7- Annual	Special 2 <sup>nd</sup> Friday		130 Day 🚁
Pre-Primary Pre-Primar	20 4 . The contract of the land of the contract of	Pre- Election	Pre- Election	Election	595	Pre-Election	Post-E	lection"
		X						
Date Of Election 1 (MM/DD/YYYY)	11-5-2019	Year	2019	Amendment Report		Termination Report		
Summary of Receipts and	From Date	To Date			For C	Office Use Only		
Expenditures	7-17-19	9-	3-19					
A. Amount Brought Forward	d From Last Repor		)					
B. Total Monetary Contribu (From Schedule I)	tions and Receipts	\$ \$ /	2000					
C. Total Funds Available (Sum of Lines A and B)		\$ /2	20 %		REC	EIVED		
D. Total Expenditures	1000	\$	7712		SEP	0 3 2019		
(From Schedule III)  E. Ending Cash Balance	•	\$ 42	<u>Fr</u>		ETHICS HE	ARING BOARD		
(Subtract Line D from Line C F. Value of In-Kind Contribu		\$	0				1	
(From Schedule II) G. Unpaid Debts and Obliga	ntions	\$			# F			
(From Schedule IV)		****	Affidavit Se	ction			7	
Part 1- If this is a Committee re	port, treasurer sign h	ere. If this is a Car	ndidate report. c	andidate sign here.				
I swear (or affirm) that this rep	ort, including the atta	ached schedules o	n paper, is to the	best of my knowle	dge and belief tr	ue, correct and comp	olete.	
Sworn to and subscribed before	e me this			-1	1			
2 day of Septem	bec 20 17	1		Seal Signature	e of Person Subm	itting report		W = G 25
400	Com	monwealth of Renn —JOSEPH CAFARDI	I - Notary Public	DE DE	TREST WWW	alap		
Signature		Allegheny	y County opires Jun 6, 2021	-1.	Printed Nam	e 45-1571		
My Commission expires 0	DAY YR	Commission Nu	ımber 1313312 👤	Area Code		time Telephone Num	nber	
МО			a	The contract	Ja			
Part II- If this is a report of a Ca	ındidate's Authorize	d Committee, can	didate shall sign l	here.	011 pués del	he Act of lune 2, 102	7/DI 1223	3. NO 320) as
I swear (or affirm) that to the bamended.	pest of my knowledge	e and belief this po	olitical committee	e nas not violated a	rry provisions of	the ACL OF June 5, 193	, (r.i. 133:	_,as
Sworn to and subscribed befor					4	Lile		
day of Septe	Abel 2019		n of Pennsylvania - CAFARDI - Notary J	Notary Seal Signature	gnature of Candi	date		
Signature	,	A	Illegheny County		Printed Name			
My Commission expires	6 21	My Commis Commis	ssion Expires Jun ssion Number 1319	The state of the s		45-1571		
MO.	DAY YR.			Area Code	Day	time Telephone Num	per	3 E
		3.						

## Contributions and Receipts Detailed Summary Page

Filer Identification Number	Та.			
	JACOU NIXEN Con	UM I ITCE	1. 1	Out RED. 1)

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	20
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	i line	X III	
Contributions Received from Political Committees (Part A)		\$	6
All Other Contributions (Part B)		\$	100
Total for the reporting period	(2)	\$	100
3. Contributions Over \$250.00 (From Part C and Part D)			1977 - 1977 - 1977 - 1978 - 19
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E	10.00		
Total for the reporting period	(4)	\$.	0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Re Cover Page, Item B)	port	\$	12000

30/4

## All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

JACOB NITON COMMITTEE	Filer Identification Number:	JACOB NITON	Committee		
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HE MILET CHARGE STATES	POWER PROPERTY OF THE PARTY OF				
Full Name of Co	ntributor	1 101	MAJEWSKI	Date [MM/DD/YYYY] \$	Co
	MM	MODA	MINJEWSKI	8-18-19	1000
House #	Street Address			Date [MM/DD/YYYY] \$	
		AMMA	Sewski 43 egno	wl-c	
City	Partition of the Control of the Cont	State	Zip Code	Date [MM/DD/YYYY] \$	
			No. and the second		
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
		eriet			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
		Jule	zipcode	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #		144 ( )			
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
	Juliuni Addi Cas				
City		Ctata	Mr. Col-	Dec 10 00 / 00 / 00 / 00	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	atributor			Date [MM/DD/YYYY] \$	
an right of col				"Pare Iniminanti 1111	
House #	Street Address		. A.	Date [MM/DD/YYYY] \$	
City	American de de de la constante	State	Zip Code	Date [MM/DD/YYYY] \$	

## SCHEDULE III Statement of Expenditures

Filer Identification Number:	a	TACOR	NItan)	Committee			•
		37.1000	101190	- Total (1/C			and the same

To Whom Paid	CITIZE	W'S BANK			Date [MM/DD/YYYY] 5	9.22
House # 2021		WHARTON	S7.		Description of Expenditur	
City Pit	TSORUH	State RA	71-	15203	CHECKING	
To Whom Paid	CRH	Condete			Date [MM/DD/YYYY] \$	58 43
House # 4100	Street Address	DAUISIN			Description of Expenditur	
City	TSBINGH	State PA	Zip Code /	15001	CATERINE	
To Whom Paid	ARAMARK				Date [MM/DD/YYYY] \$	55
House #	Street Address	ART PRONEY	Av=		Description of Expenditur	
City PiTI	SORUH	State	Zip Code	15212	RUD	
To Whom Paid	PAUPAL				Date [MM/DD/YYYY] \$	3 20
House #	Street Address	North Fin	57 S7.		Description of Expenditur	B
City	Jus= -	State	Zip Code	95131	SERVICE	EPTE
To Whom Paid					Date [MM/DD/YYYY]	
House #	Street Address				Description of Expenditur	<b>e</b>
City		State	Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	·
House #	Street Address				Description of Expenditur	2
City		State	Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	
House #	Street Address				Description of Expenditur	<b>e</b>
City		State	Zip Code			West 2
To Whom Paid					Date [MM/DD/YYYY]	
House #	Street Address				Description of Expenditur	
City		State	Zip Code			